KENTUCKY BOXING AND WRESTLING AUTHORITY
P.O. Box 1360, Frankfort, Kentucky 40602
Phone (502) 564-0085

NEW WRESTLER APPLICATION:
APPLICATION INFORMATION SHEET / CHECKLIST

Description: This form is used to obtain a licensed as a wrestler. Below is a checklist of the requirements for this application to be reviewed for approval. Every section of the physical form must be completed to be accepted.

- ☐ Eighteen (18) years of age or older.
- ☐ Physical must be completed by MD, DO, NP or PA and can be no more than 90 days old.
- ☐ Complete the entire Wrestler Application Form.
- ☐ Must list the promotion you will be working/training with on page 2 of application.
- ☐ Include a copy of your State issued Driver's License ID, Passport or Birth Certificate.
- ☐ Application fee is $20 paid via Check or Money Order please do not mail CASH
- ☐ If you have a felony, please include a letter explaining the details regarding the felony. Your application will have to be approved by the KBWA board before being processed.
- ☐ Mail completed application and all required documents to the address above

Once all required documents are received and verified the application will be processed and your license will be accessible on the KBWA website. The promoter listed on your application will be contacted so please make sure you have been in contact with them before submitting this application. Please complete this process at least 2 weeks prior to any scheduled event or training to ensure it is processed before your scheduled training or event.

Application Fee: $20.00

KENTUCKY BOXING AND WRESTLING AUTHORITY

APPLICATION FOR LICENSE
AS A WRESTLER

In accordance with Kentucky law, applicants for license as a wrestler are required to be licensed annually by the Kentucky Boxing and Wrestling Authority. The application fee of license is $20.00, made payable to the *Kentucky State Treasurer.*

(Please Print in Ink) Complete this form entirely. DATE: _____

Name _____ Social Security # _____- _____ - _____

Address _____ City _____

State _____ Zip _____ Telephone (Home) _____

Work _____ Cell _____ Emergency _____

Fax _____ E-mail _____

Date Birth _____ Height _____ft. _____ Weight _____ lbs.

Occupation: _____ Employer: _____

City _____ State _____ Zip _____

_____ Please check here if you would also like to purchase a certificate version of your license. Please include an additional $10.00 for this certificate.

PLEASE COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION. INCOMPLETE FORMS ARE SUBJECT TO REJECTION AND WILL CAUSE A DELAY IN ISSUANCE OF THE LICENSE.

1/2012

Describe your training and experience that would support your being granted a wrestler license. Please include the promotion you will be working (Continue on a separate sheet if needed):

_____

_____

_____

Please list any names you wrestle under: _____

_____

Have you ever held a license to be a wrestler in Kentucky? ___Yes ___No License # _____

Have you ever been licensed to be a wrester in another state(s)?

_____Yes _____No License # _____ **If yes, in what state(s)** _____

Have you ever been convicted of a felony? _____Yes _____No If yes, please provide details.

Date _____ **Offense** _____ **Court** _____ **Disposition** _____

READ THE FOLLOWING VERY CAREFULLY:

I hereby certify that under penalty of perjury, all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Authority laws and regulations to which I am applying for licensure.

_____ _____

Signature of Applicant **Date**

PLEASE MAIL COMPLETED APPLICATION ALONG WITH A <u>COPY OF A PHOTO ID OR BIRTH CERTIFICATE AND PHYSICAL</u> TO THE FOLLOWING ADDRESS:

Kentucky Boxing and Wrestling Authority
P.O. Box 1360
Frankfort, KY 40602

Kentucky Boxing and Wrestling Authority
PHYSICAL EXAMINATION FORM
Every section of this form must be completed to be accepted

DATE OF EXAM _____

NAME _____
LAST FIRST MIDDLE
RING NAME _____
CURRENT ADDRESS _____
TELEPHONE No. _____DATE OF BIRTH _____ AGE _____ SEX_____

MEDICAL HISTORY (Please complete as thoroughly as possible)

A. Has applicant ever had any of the following conditions:

□ Fainting spells	□ Rupture (hernia)	□ Chest pains	□ Operations
□ Shortness of breath	□ Swollen joints	□ Rheumatism	□ Diabetes
□ Frequent headaches	□ Convulsions (fits)	□ Chronic cough	□ Bleeding Disorder
□ Spitting of blood	□ Cerebral hemorrhage or any other serious head injury		

1. Have you ever been hospitalized? □ YES □ NO, If "YES", give nature of problems(s), date(s), location(s) and attending physicians.
   _____
   _____
2. Have you ever had eye surgery? □ YES □ NO Explain _____
3. Have you ever had a retinal detachment? □ YES □ NO. Explain _____
4. Do you regularly or occasionally take any medications or drugs? □ YES □ NO
   If "YES" give name(s), frequency and dose _____
   _____
5. Have you previously been injured in a sporting event? □ YES □ NO If "YES" Describe injuries
   _____
6. Longest duration of unconsciousness _____
7. How many concussions have you suffered? _____ Date of last concussion _____

PHYSICAL EXAM

Height _____ Weight _____ Temperature _____

Does this person have any current or chronic illnesses, physical injuries, abnormalities or physical limitations?
□ YES □ NO

If yes, would these interfere in any manner with this person's ability to participate professional wrestling?
□ YES □ NO

If yes, what limitations should be placed on this person? _____

_____

OTOLOGIC	External Trauma	□ YES □ NO	**NOSE**	Instability	□ YES □ NO
	Perforated Drum	□ YES □ NO		Recent Trauma	□ YES □ NO
				Obstruction	□ YES □ NO
ORAPHARYNX	Loose Teeth	□ YES □ NO	**ADENOPATHY**		□ YES □ NO
FACE	Recent Trauma		□ YES □ NO		
	Jaw and Temporomandibular Joints		□ Normal	□ Abnormal	
LUNGS (Rales)	□ Normal □ Abnormal		**TESTES**	□ Normal □ Abnormal	

ABDOMEN Enlargement of Liver □ YES □ NO Enlargement of Spleen □ YES □ NO
Hernia □ YES □ NO Femoral □ Inguinal □ Ventral □

CARDIOVASCULAR Blood Pressure (supine) _____ (upright) _____
Blood Pressure after 100 hops _____ Blood Pressure 2 minutes later _____
Heart Rate (supine) _____ (after 2 minutes of exercise) _____

ENLARGE GLANDS □ YES □ NO **Goiter** □ YES □ NO

HEART Pulse Rhythm □ Regular □ Irregular Apical impulse □ Heavy □ Normal
Enlargement □ YES □ NO Murmurs □ YES □ NO

BREAST (Women Contestants) Mass □ YES □ NO Tenderness □ YES □ NO

GYNECOLOGICAL EXAMINATION (Women Contestants): □ Normal □ Abnormal

MUSCULOSKELETAL:

			Comments
Hands	□ Normal	□ Abnormal	_____
Wrists	□ Normal	□ Abnormal	_____
Elbows	□ Normal	□ Abnormal	_____
Shoulder Girdle	□ Normal	□ Abnormal	_____
Lower Extremities	□ Normal	□ Abnormal	_____

NEUROLOGIC:

Mental Status	Orientation	_____/3	Cranial Nerves	□ Normal	□ Abnormal
	5-Minute recall	_____/3	Strength	□ Normal	□ Abnormal
			Tone	□ Normal	□ Abnormal
			Gait	□ Normal	□ Abnormal

Coordination:

Finger to Nose	□ Normal	□ Abnormal
Tandem Gait	□ Normal	□ Abnormal

COMMENTS OF EXAMINING PHYSICIAN (Please check if the person is or is not medically cleared below)

_____
_____
_____
_____

I hereby certify that I have examined the named individual and in my opinion, this **individual □ is or □ is not** medically fit to participate as a contestant in a contact sport, I also attest that I do not have a professional relationship with, nor financial interest in the earnings of this individual.

_____ (PRINT NAME OF EXAMINING PHYSICIAN)

_____ (SIGNATURE OF EXAMINING PHYSICIAN)

Office Stamp or Business Card

_____ (PHYSICIAN'S LICENSE NUMBER)

_____ (ADDRESS OF PHYSICIAN)

_____ (TELEPHONE NUMBER OF PHYSICIAN)